

“How Can I Use This Card?”

Guidelines for using your BASIC Prepaid Benefits Card



How Does it Work?

Just like a regular debit or credit card! Simply swipe the Card at your medical provider or merchant **for current plan year healthcare expenses**. The Benefit Card is a convenient way to access your FSA/HRA funds at the point of sale.

- **Valid for 3 Years:** Your Debit Card is valid for 3 years from the date of issue. Please do not discard when your current year funds are exhausted.
- **HRA Access:** HRA Card usage may vary by plan design. Check your Plan Summary or contact BASIC for more details about your employer's individual plan design.

Will I Still Need to Submit Documentation?

Yes, sometimes. All Debit Card transactions must be verified in 1 of 4 ways:

1. **IIAS:** Nearly all retail drug and grocery stores have an inventory approval system (IIAS) that allows the Debit Card to recognize qualified healthcare items such as RXs and medical supplies at the cash register.
2. **Co-Pay Match:** The Debit Card recognizes your employer's insurance plan co-pays for physician office visits, RXs, and ER/Urgent Care visits.
3. **Recurring Expense Logic:** After a Debit Card transaction has been documented and approved the first time, transactions for the same amount at the same provider will automatically approve. Recurring expense logic expires 2 years from the date of the initial transaction.
4. **Documentation Submission:** When a transaction cannot be verified in one of the above 3 ways, you'll need to submit documentation, **per IRS regulations**. You will be notified by email (or regular mail if there is no email on file) when documentation is needed. You can use documentation from the provider or merchant, or an EOB from your insurance. The documentation must clearly show the date that services took place, a description of the services provided, and the amount you were charged.

On average, about 82% of all Card transactions are recognized as eligible at the point of sale and do not require documentation. However, this can vary based on usage. Please note that any time a Card swipe is made to a provider or merchant, they are paid at that time. Payment is never delayed or withdrawn due to documentation requirements.

Temporary Card Suspension: Per IRS regulation, the Debit Card can become temporarily suspended due to overdue documentation or ineligible transactions. Before this occurs, notices are always sent out by email (or regular mail if there is no email on file) advising you of deadlines and detailing what action is required to avoid a suspension. Additionally, you always have access to your funds for reimbursement through manual claim submissions (see FAQs, below) regardless of the Card status.

FAQs

Q: If I forget my Card and pay for something out of pocket, can I be reimbursed?

A: Yes. Simply submit documentation showing the date and description of services and what you were charged, along with a copy of the Reimbursement Claim Form (available on our website and through the online participant portal).

Q: Can I purchase over-the-counter medications with the Benefit Card?

A: Yes. As of 1/1/20, OTC medications are eligible without a prescription. As was the case prior to the passage of the ACA, vitamins and supplements require a physician's "prescription" indicating they are being taken to treat a medical condition, rather than for general health and wellness.

Q: If a medical service occurred in a prior plan year, but I wasn't billed until the current plan year, can I still use my Benefit Card to pay for that service?

A: No. The Benefit Card should only be used to pay for services that actually took place during the current plan year, regardless of the billing date.

BASIC strives to provide our participants with excellent customer service and a positive experience with the Debit Card. If you have any questions or concerns, please review our Debit Card brochure, or contact us:

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